



SURVEY APPROVAL AUTHORITY: U.S. ARMY RESEARCH INSTITUTE
FOR THE BEHAVIORAL AND SOCIAL SCIENCES
SURVEY CONTROL NUMBER: DAPE-ARI-AO-04-08A
RCS: MILPC-3

SURVEY OF ARMY FAMILIES V



FALL 2004



WHY THIS SURVEY?

The **2004 Survey of Army Families V** collects information on family member attitudes about the Army way of life and the well being of Army families. Similar to the **1987 Survey of Army Families**, **1991 Survey of Army Families II**, **1995 Survey of Army Families III**, and **2001 Survey of Army Families IV**, it also will track trends in the characteristics of Army families, identify new and emerging family issues, and supplement other studies on Army families. In addition, recent Army multiple deployments may have changed the needs of Soldiers and their family members. These changes need to be identified.

WHY SHOULD I PARTICIPATE?

The Army leadership wants to know what it's like to "walk a mile in your shoes." **Army leaders use the results** of family surveys to make plans, assess policies, and evaluate program operations and outcomes. Army agencies and commands want information from the survey so they can respond better to family needs. In addition, Army spouses have identified family matters that need to be studied throughout the Army. We encourage you to use the "COMMENTS" sheet (page 15) to provide additional information and tell us about family matters/issues important to you.

WILL I BE IDENTIFIED?

Your responses to the survey will not be tracked back to you. Only persons involved in collecting or preparing the information for analysis of the data will have access to completed survey questionnaires. Only group statistics will be reported. Your written comments will be kept anonymous.

AM I ELIGIBLE TO COMPLETE THIS SURVEY?

Only non-military spouses of Active duty Soldiers are being asked to complete this survey. The Army family issues affecting members of dual military married couples and single parents require different, special surveys in order to address matters unique to these families.

If you are not eligible to complete the survey, please indicate why by marking the appropriate box below. Please return the survey in the enclosed Business Reply Mail envelope. No postage is required.

- ☐ Neither my spouse nor I are on Active duty with the U.S. Army.
- ☐ Both my spouse and I are on Active duty with the U.S. Army or the U.S. Armed Forces.
- ☐ I am not currently married to an Active duty Soldier.

WHO CAN I CONTACT FOR MORE INFORMATION?

The **2004 Survey of Army Families V** is sponsored by the U.S. Army Community and Family Support Center (CFSC). CFSC will be responsible for distribution of the results and findings of the survey. The Army Personnel Survey Office of the U.S. Army Research Institute for the Behavioral and Social Sciences is conducting the survey. For more information, contact:

U.S. Army Community and Family Support Center
ATTN: CFSC-SP
4700 King Street
Alexandria, VA 22302-4419
Telephone (703) 681-7438
DSN 761-7438
E-mail: MWRResearch@CFSC.army.mil

MARKING INSTRUCTIONS

GENERAL INSTRUCTIONS

- This is not a test, so take your time.
- Select answers you believe are most appropriate.
- Use a blue or black pen.
- Please PRINT where applicable.
- Place an "X" in the appropriate box or boxes.

RIGHT



WRONG



- To change an answer, completely black out the wrong answer and put an "X" in the correct box as shown below.

CORRECT ANSWER



INCORRECT ANSWER



- Do not make any marks outside of the response and write-in boxes.

Marking all that apply

Sometimes you will be asked to "MARK ALL THAT APPLY." When this instruction appears, you **may mark more than one answer.**

EXAMPLE:

Other than currently being married to a Soldier on Active duty, what types of experiences have you had with the military? MARK ALL THAT APPLY.

- ☒ Served on Active duty
- ☒ Served/serving with National Guard/Reserves
- ☒ Child of parent(s) in the military service
- ☒ Previously married to a military service member

Marking numbers

Sometimes you will be asked to give numbers for your answer. If you are asked to give numbers, please record the numbers in the boxes as shown below.

EXAMPLE:

As of today, how many months have you been living in your current geographic location (the vicinity of the Army post/installation/area where you are living)?

- ☒ Less than 1 month

0 6 NO. OF MONTHS

Selecting only one response

Sometimes you will be asked to mark one response from a list of possible items.

EXAMPLE:

Where are you currently living? MARK ONE.

- ☒ Alaska/Hawaii
- ☒ Continental U.S. (CONUS)
- ☒ Europe
- ☒ Korea
- ☒ Other location outside the continental U.S. (OCONUS) (Please list Question No. and "Other location" on the "Comments" sheet on page 15.)

Using a common scale for more than one question

Sometimes you will be asked to "MARK A RESPONSE FOR EACH" to answer a number of different questions.

EXAMPLE:

How satisfied or dissatisfied are you with the following? MARK A RESPONSE FOR EACH.

Very dissatisfied
Dissatisfied
Neither satisfied nor dissatisfied
Satisfied
Very satisfied
Do not know

Level of support deployed Soldiers receive from the American people ☐ ☒ ☐ ☐ ☐

Level of support deployed Soldiers receive from the American media ☐ ☐ ☒ ☐ ☐

Reception of returning deployed Soldiers by the American people ☐ ☐ ☐ ☒ ☐

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SECTION 1: YOUR HOUSING, FAMILY SEPARATIONS, AND DEPLOYMENTS

1. Where are you currently living? MARK ONE.

- ☐ Alaska/Hawaii
☐ Continental U.S. (CONUS)
☐ Europe
☐ Korea
☐ Other location outside the continental U.S. (OCONUS) (Please list Question No. and "Other location" on the "Comments" sheet on page 15.)

2. Where are you and your spouse living?

- ☐ Together, at the same location
☐ Together, but my spouse is currently deployed
☐ Apart, at separate locations

3. As of today, how many months have you been living in your current geographic location (the vicinity of the Army post/installation/area where you are living)?

- ☐ Less than 1 month

NO. OF MONTHS

4. How far do you live from the nearest military installation or the one you use most?

- ☐ I live on-post
☐ 10 miles or less
☐ 11-25 miles
☐ 26 or more miles
☐ Do not know

5. In which type of housing do you currently live?

- ☐ On-post government housing
☐ Off-post government housing
☐ Off-post (own)
☐ Off-post (rent)
☐ Other (Please list on page 15.)

6. How satisfied are you with your current housing?

- ☐ Very satisfied
☐ Satisfied
☐ Neutral
☐ Dissatisfied
☐ Very dissatisfied

7. During the last 36 months, was your spouse deployed for a military operation to any of the following and where is your spouse currently deployed? MARK ALL THAT APPLY.

- ☐ No, my spouse was not deployed for a military operation in the last 36 months.

➔ GO TO SECTION 3, QUESTION 29 ON PAGE 7.

My spouse's current deployment location
Yes, deployed to this location

- | | | |
|---|--------------------------|--------------------------|
| To Afghanistan | <input type="checkbox"/> | <input type="checkbox"/> |
| To elsewhere in support of Operation Enduring Freedom (OEF) | <input type="checkbox"/> | <input type="checkbox"/> |
| To Qatar | <input type="checkbox"/> | <input type="checkbox"/> |
| To Kuwait | <input type="checkbox"/> | <input type="checkbox"/> |
| To Iraq | <input type="checkbox"/> | <input type="checkbox"/> |
| To elsewhere in support of Operation Iraqi Freedom (OIF) | <input type="checkbox"/> | <input type="checkbox"/> |
| To Korea | <input type="checkbox"/> | <input type="checkbox"/> |
| To other OCONUS site not listed above | <input type="checkbox"/> | <input type="checkbox"/> |
| To a CONUS site | <input type="checkbox"/> | <input type="checkbox"/> |
| To an unknown location | <input type="checkbox"/> | <input type="checkbox"/> |

8. During the last 36 months, how many times has your spouse deployed for a military operation?

NO. OF TIMES

9. During the last 36 months, how many total months has your spouse been deployed for a military operation?

- ☐ Less than 1 month

NO. OF MONTHS

10. During the last 36 months, how many months has your spouse been away from home for other military reasons (including assignments, training, TDY, etc.)?

- ☐ Less than 1 month

NO. OF MONTHS AWAY

11. During the last 36 months, what was the longest single period of time (consecutive months) your spouse was away from home?

- ☐ Less than 1 month

CONSECUTIVE MONTHS

SECTION 2: YOUR SPOUSE'S CURRENT DEPLOYMENT

12. For your spouse's current deployment, how many months ago did he/she leave?

☒ Less than 1 month ago

NO. OF MONTHS

13. Did your spouse deploy with his/her regular unit or as an individual (e.g., a replacement or separately attached to a unit)?

☒ With his/her regular unit

☒ As an individual

14. How well are you coping with your spouse's absence?

☒ Very well

☒ Well

☒ Neither well nor poorly

☒ Poorly

☒ Very poorly

15. How satisfied or dissatisfied are you with the following?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Do not know
Level of support deployed Soldiers receive from the American people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Level of support deployed Soldiers receive from the American media	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reception of returning deployed Soldiers by the American people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Level of support deployed Soldiers' families receive from the American people	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

16. Overall, while your spouse has been deployed, how well have you managed the following?
MARK A RESPONSE FOR EACH.

	Very poorly	Poorly	About average	Well	Very well	Does not apply
Getting daily household tasks done .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Obtaining needed transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Obtaining needed communication (e.g., telephone, email, Internet) ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Working at your paid job	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Having to find a job	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Having to quit a job or schooling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Household repairs, yard work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Car maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pet care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shopping (for necessities)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handling financial matters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Your family having enough money to meet expenses, pay bills, etc. . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Arranging for child care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ensuring child(ren) do schoolwork ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child(ren)'s participation in after-school activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participating in activities at your child(ren)'s school (school events, PTA, Parent-Teacher conferences).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of child(ren) at home ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disciplining/handling child(ren)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of child(ren)'s health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of your own health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handling your own loneliness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doing your regular volunteer work ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doing additional volunteer work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maintaining safety/security of your home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of extended family members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

17. While your spouse has been deployed, how often do you communicate with each other using the following? MARK A RESPONSE FOR EACH.

	Infrequently (every two or 3 weeks or longer)	Sometimes (about once a week)	Often (every few days)	Very often (daily)	Does not apply; we do not use
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instant Messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through the rear detachment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video teleconference (VTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify on page 15.) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. While your spouse has been deployed, did you move away from the vicinity of the Army post/installation/area where you were living? MARK ONE.

- ☐ Yes
☐ Yes, but I stayed at the Army post/installation/area for about half or more of the time
☐ No, but I wanted to
☐ No

19. How important was each of the following reasons for moving away?

- ☐ Does not apply; I did not move away.

	Very important reason	Moderately important reason	Not an important reason	Does not apply
Needed child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better job opportunities elsewhere.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial problems (making ends meet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wanted to be near relatives/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of support at the Army community that you left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety/security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason (Please specify on page 15.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. How important is each of the following reasons for staying at, or returning early to, your spouse's post/installation/area?

- ☐ Does not apply; I moved away and stayed away for more than half of the time.

➔ GO TO QUESTION 21 BELOW.

	Very important reason	Moderately important reason	Not an important reason	Does not apply
To be near a source of information about my spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt supported by the Army community in the area where I was living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Army people don't understand how I feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to keep my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I did not want to disrupt my child(ren)'s schooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afraid we would lose our government housing/Army compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to help others (for example, assist with Family Readiness Group). ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other reason (Please specify on page 15.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How satisfied or dissatisfied are you with how the Army has handled the following aspects of the deployment of your spouse?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	Does not apply; did not receive
Amount of time off for Soldiers to take care of personal and family business before leaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predeployment briefing for family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information briefing on where families could obtain information or assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information briefing on the Family Readiness Groups (FRGs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on the mission of your spouse's unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on the location of your spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on unit rotation policies (e.g., length of deployment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Before your spouse's most recent deployment, did you have the following? MARK A RESPONSE FOR EACH.

	Yes	No
A Power of Attorney for you to act on behalf of your spouse	<input type="checkbox"/>	<input type="checkbox"/>
A Power of Attorney for someone else to act on behalf of your spouse	<input type="checkbox"/>	<input type="checkbox"/>
An up-to-date Will for your spouse	<input type="checkbox"/>	<input type="checkbox"/>
An up-to-date Will for you	<input type="checkbox"/>	<input type="checkbox"/>
A financial plan to meet emergencies	<input type="checkbox"/>	<input type="checkbox"/>

23. Do you have any serious financial problems because your spouse is deployed? MARK ALL THAT APPLY.

- ☐ No
- ☐ Yes, but I did not seek assistance.
- ☐ Yes, but I did not know where to go for assistance.
- ☐ Yes, but I could not get any assistance.
- ☐ Yes, and I had to get a job.
- ☐ Yes, and I had to withdraw savings.
- ☐ Yes, and I had to get a loan (from bank, parents, etc.).
- ☐ Yes, and I had to get assistance from the Army Emergency Relief (AER), Red Cross, or other similar source.

24. What financial problems do you have because your spouse is deployed? MARK ALL THAT APPLY.

- ☐ Loss of income/had less income
- ☐ Keeping up mortgage/rent payments
- ☐ Keeping up payments on credit cards
- ☐ Keeping up payments on loans (not mortgage)
- ☐ Difficulty dealing with creditors
- ☐ Purchasing extra supplies for my spouse's deployment
- ☐ Paychecks are/were late
- ☐ Paychecks are/were not correct
- ☐ Difficulty budgeting for expenditures
- ☐ Overspending, not saving, and creating debt
- ☐ Unplanned/unexpected expenses, such as car repairs
- ☐ Additional childcare costs
- ☐ Cost of telephone calls, mail, Internet access, etc., to communicate with your spouse
- ☐ Other problems (Please specify on page 15.)
- ☐ None of the above

25. While your spouse is deployed, have you and your children increased your...

	No, decreased greatly	No, decreased moderately	No, remained the same	Yes, increased moderately	Yes, increased greatly	Did not use
attendance at church or synagogue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use of Army Chaplain activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visits to counselors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
visits to health care providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use of Army recreational facilities? ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
participation in Family Readiness Group (FRG) activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use of Army family services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use of child development services? ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. From which of the following sources do you receive very helpful information about what is happening to your spouse and his/her unit during the deployment? MARK ALL THAT APPLY.

- ☐ Installation Rear Detachment
- ☐ Installation Family Assistance Center (FAC)
- ☐ Rear Detachment Command (RDC)
- ☐ Family Readiness Groups (FRGs)
- ☐ FRG newsletter
- ☐ FRG telephone tree/chain of command
- ☐ Local command briefings for family members
- ☐ Community/"town hall" meetings
- ☐ Installation radio/television station
- ☐ Armed Forces Network (AFN)
- ☐ Army One Source (AOS)
- ☐ CNN, Fox, MSNBC, etc.
- ☐ Internet sources
- ☐ Installation/post newspaper
- ☐ Unit newsletter
- ☐ Stars & Stripes
- ☐ Letters from spouse
- ☐ Emails from spouse
- ☐ Telephone calls from spouse
- ☐ None of the above

27. How helpful is the support you and your family receive from each of the following Army agencies/programs/individuals during your spouse's deployment? IF AN AGENCY/PROGRAM WAS AVAILABLE, BUT NOT USED, MARK THE FIRST COLUMN. MARK A RESPONSE FOR EACH.

	Not at all helpful	Somewhat helpful	Very helpful	Not available	Available, but did not use
Rear Detachment Command (RDC).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Readiness Group (FRG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post/Installation Leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Installation Family Assistance Center (FAC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaplain/Chapel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Army Community Service (ACS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. In general, how satisfied were you with the way your marriage was going before your spouse was deployed?

Very satisfied												Very dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: THE ARMY AND YOU

The ARMY FAMILY TEAM BUILDING (AFTB) program provides training and information to family members.

29. Have you participated in AFTB? MARK ALL THAT APPLY.

- ☐ Yes, I attended Level I Classes: Overview of AFTB, Chain of Command, Mission Impact, etc.
- ☐ Yes, I attended Level II Classes: Relationship Building, Effective Leadership, etc.
- ☐ Yes, I attended Level III Classes: Listening, Building Self-Esteem, etc.
- ☐ No

30. How effective has AFTB been in helping you and your family adjust to Army life?

- ☐ Does not apply; I have not participated in AFTB
- ☐ Very effective
- ☐ Effective
- ☐ Neither effective nor ineffective
- ☐ Ineffective
- ☐ Very ineffective

A Family Readiness Group is an organization of family members, volunteers and Soldiers belonging to a unit that provides mutual support and assistance, and timely, accurate and relevant Army information.

31. Below are some questions about Family Readiness Groups (FRGs). Please answer the questions for your FRG during the last 12 months.

	Not applicable	Do not know	Yes	No
Is the FRG in your <u>spouse's unit</u> active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in FRG activities by attending meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in FRG activities by serving as an FRG leader?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your FRG providing family readiness training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the FRG in your <u>spouse's unit</u> well run?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. During the last 12 months, why have you NOT participated in an FRG? MARK ALL THAT APPLY.

- ☐ Does not apply; I do participate.
- ☐ There is no FRG at this location.
- ☐ Never heard about an FRG at this location.
- ☐ Don't have time.
- ☐ Don't feel that I need to participate.
- ☐ Times/hours FRGs meet are not convenient.
- ☐ Locations of FRG meetings are not convenient.
- ☐ Lack of transportation.
- ☐ FRG members are not my peer group.
- ☐ Want to keep my personal life separate from the military.
- ☐ I feel uncomfortable being in group settings.
- ☐ I am not comfortable with the current FRG leaders/members.
- ☐ I am not comfortable with spouses whose sponsors are of higher/lower ranks than my spouse.
- ☐ My spouse did not encourage me to participate.
- ☐ Other reason (Please list on page 15.)

33. How would you rate how well your FRG has helped you and your family and other families in your unit?

☐ Does not apply; the unit does not have an FRG.

	Other families in your unit		You and your family	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do not know.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. To what extent do you agree with the following statements? MARK A RESPONSE FOR EACH.

	Strongly disagree		Disagree		Undecided		Agree		Strongly agree	
My spouse has kept/keeps me well informed about the Army.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep myself well informed about the Army.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable dealing with Army agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable dealing with the Army medical system while my spouse is away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At this location, I know where to go or how to get emergency assistance, if needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Army civilian employees who deal primarily with Army families treat them with the appropriate amount of respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Army civilian employees who deal primarily with Soldiers treat family members with the appropriate amount of respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: YOUR BACKGROUND

35. Are you female or male?

☐ Female
☐ Male

36. Are you of Hispanic, Latino, or Spanish origin or ancestry (of any race)? MARK ALL THAT APPLY.

☐ No, not of Hispanic, Latino, or Spanish ancestry
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Hispanic/Spanish

37. What is your race? MARK ALL THAT APPLY.

☐ American Indian or Alaska Native (e.g., Eskimo, Aleut)
☐ Asian (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese)
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander (e.g., Samoan, Guamanian, Chamorro)
☐ White

38. What is the highest level of education you have completed? MARK ONE.

☐ Less than high school, but no diploma, certificate, or GED
☐ High school completed with diploma
☐ High school completed with GED
☐ Vocational/technical school graduate
☐ 1-2 years of college, but no degree
☐ Associate degree
☐ 3-4 years of college, but no degree
☐ Bachelor's degree
☐ A year or more of graduate credit, but no graduate degree
☐ Master's degree
☐ Doctorate degree
☐ Professional degree, such as MD, DDS, JD

39. How old were you on your last birthday?

AGE ON LAST BIRTHDAY

40. What is your current marital status?

☐ Married for the first time
☐ Remarried, was divorced
☐ Remarried, was widowed
☐ Legally separated
☐ Filing for divorce

41. How long have you been married to your current spouse?

☐ Less than one year

YEARS MARRIED

42. How satisfied are you with your marriage at the present time?

Very satisfied Very dissatisfied

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

43. How satisfied are you with the way things are going for you personally?

- ☐ Very satisfied
- ☐ More or less satisfied
- ☐ Not at all satisfied
- ☐ Do not know

44. Other than currently being married to a Soldier on Active duty, what types of experiences have you had with the military? MARK ALL THAT APPLY.

- ☐ Served on Active duty
- ☐ Served/serving with National Guard/Reserves
- ☐ Child of parent(s) in the military service
- ☐ Previously married to a military service member
- ☐ Worked/working as a civilian for the U.S. Armed Forces
- ☐ None of the above

SECTION 5: YOUR CHILDREN

Dependent children are UNMARRIED children, including adopted children or stepchildren, who are legally dependent on you for over half of their support.

45. How many dependent children do you and your spouse have LIVING WITH YOU for each of the age groups listed below? MARK A RESPONSE FOR EACH.

- ☐ Does not apply; we do not have any dependent children living with us.

➔ GO TO SECTION 6, QUESTION 48 AT THE RIGHT.

	Four or more	Three	Two	One	None
0-2 years old.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-5 years old.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-12 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-15 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-18 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 or older.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. In general, how well is your oldest dependent child coping with your spouse being deployed and away from home?

- ☐ Very well
- ☐ Well
- ☐ Neither well nor poorly
- ☐ Poorly
- ☐ Very poorly

47. Have you noticed any of the following in your oldest dependent child as a reaction to your spouse's deployment?

	Very serious problem	Serious problem	Moderate problem	Slight problem	No problem
Difficulty adjusting to having only one parent at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fears about what could happen to his/her parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sadness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral trouble at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distress over media coverage of the war	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distress over rumors about the war. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6: YOUR PAID AND VOLUNTEER WORK

48. What is your current employment status? MARK ONE.

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Not employed, currently looking for employment
- ☐ Not employed, not currently looking for employment but would like a paying job
- ☐ Not employed, not looking for employment and do not want a paying job now

49. Which of the following best describes why you are working for pay? MARK ALL THAT APPLY.

- ☐ Does not apply; I am not working
- ☐ Does not apply; I am a full-time homemaker
- ☐ Need the money for basic family expenses
- ☐ Always planned to work/have a career
- ☐ Wanted extra money to use now
- ☐ Saving income for the future
- ☐ Independence/self-esteem
- ☐ Just enjoy working
- ☐ To gain experience for a future career
- ☐ Other (Please list on page 15.)

50. To what extent are you satisfied or dissatisfied with each of the following? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Your educational opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your employment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your long-term career opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. During the last 3 months, how many hours of volunteer work did you do for **MILITARY-affiliated** and/or **CIVILIAN** organizations?

HOURS DURING THE LAST 3 MONTHS:

IF NONE, MARK ZEROES ("000").

Military-affiliated Organizations

Civilian Organizations

SECTION 7: YOUR ARMY SPOUSE'S BACKGROUND

52. What is your spouse's present rank? MARK ONE.

Enlisted	Warrant Officer	Commissioned Officer
<input type="checkbox"/> PV1 (E1)	<input type="checkbox"/> WO1 (W1)	<input type="checkbox"/> 2LT (O1)
<input type="checkbox"/> PV2 (E2)	<input type="checkbox"/> CW2 (W2)	<input type="checkbox"/> 1LT (O2)
<input type="checkbox"/> PFC (E3)	<input type="checkbox"/> CW3 (W3)	<input type="checkbox"/> CPT (O3)
<input type="checkbox"/> CPL/SPC (E4)	<input type="checkbox"/> CW4 (W4)	<input type="checkbox"/> MAJ (O4)
<input type="checkbox"/> SGT (E5)	<input type="checkbox"/> CW5 (W5)	<input type="checkbox"/> LTC (O5)
<input type="checkbox"/> SSG (E6)		<input type="checkbox"/> COL (O6)+
<input type="checkbox"/> SFC (E7)		
<input type="checkbox"/> MSG/1SG (E8)		
<input type="checkbox"/> SGM/CSM (E9)		

53. To what extent are you and your spouse satisfied or dissatisfied with each of the following aspects of Army life?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
My spouse's Army job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for my spouse to serve his/her country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for my spouse to develop job skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The security and stability of my spouse's job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My spouse's pay and allowances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My spouse's retirement pay and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deployments/amount of time your spouse is away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. At the present time, what are your spouse's Army career plans? MARK ONE.

- ☐ To stay in the Army until retirement
- ☐ To stay in the Army beyond his/her present obligation, but not necessarily to retirement
- ☐ To leave the Army upon completion of his/her present obligation
- ☐ To leave the Army before completion of his/her present obligation

55. At the present time, what would you like your spouse's Army career plans to be? MARK ONE.

- ☐ To stay in the Army until retirement
- ☐ To stay in the Army beyond his/her present obligation, but not necessarily to retirement
- ☐ To leave the Army upon completion of his/her present obligation
- ☐ To leave the Army before completion of his/her present obligation

SECTION 8: HEALTH CARE

56. During the last 2 years, to what extent are you and your spouse satisfied or dissatisfied with each of the following aspects of Army health care? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Does not apply; we have not used this					
Medical care benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Army medical care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of Army medical care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Army dental care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of Army dental care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9: ARMY SERVICES

57. To what extent are you and your spouse satisfied or dissatisfied with each of the following aspects of Army life? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Does not apply; we have not used this					
Commissary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Exchange (PX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Red Cross emergency messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Army Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Assistance Center (FAC) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs for children/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Army support services available for family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaplain's Family Life Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaplain's counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worship services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of recreation programs and services at your post	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: MWR RECREATION PROGRAMS

The questions below refer to core recreation programs, such as libraries, craft shops, auto shops, outdoor recreation programs, entertainment programs (dinner theaters, musical and play productions), recreation centers, BOSS program, sports programs, gyms, playing fields, and competitions.

58. How often do you (and your children) use/participate in your post/installation recreation programs and services? MARK ONE.

- ☐ Does not apply; I am not at or near a post
☐ Never
☐ Less than once per month
☐ 1-2 times per month
☐ 3-4 times per month
☐ 5 or more times per month

59. Generally speaking, why do you (and your children) use/participate in your post recreation programs/services? MARK ALL THAT APPLY.

- ☐ Does not apply; I/we do not use post/installation recreation programs/services
☐ Education/homework
☐ Physical fitness
☐ Develop a leisure skill
☐ Participate with family
☐ Participate with friends
☐ Costs less than off-post services
☐ *Esprit de corps* with spouse's work unit
☐ Avoid boredom
☐ Have fun
☐ Get away from home
☐ Be outdoors
☐ Better than off-post
☐ More convenient than off-post
☐ Relax/relieve stress
☐ Other reason (Please list on page 15.)

SECTION 11: THE ARMY WAY OF LIFE

60. How satisfied or dissatisfied are you with each of the following? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
The respect the Army shows Soldiers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The respect the Army shows spouses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The concern your spouse's unit has for families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you would feel if your spouse were to make/has made the Army a career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The kind of life you can have in the Army	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. How much of a problem is each of the following to you?

	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Coping with day-to-day stresses and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demands the Army makes of family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Getting along" when my spouse is away because of training, field duty, PCS, TDY, deployments, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for me to achieve my personal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility that my spouse may be involved in combat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility that my spouse may be deployed on/to a peacekeeping (non-combat) mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separations from my own family (my parents, brothers, sisters, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility that my spouse may re-deploy after returning from deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. To what extent have you had/experienced in your family any of the following problems in the last 6 months?

	Not at all	Slight extent	Moderate extent	Great extent	Very great extent	Does not apply
Emotional or nervous problem ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/alcohol-related problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for elders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling-related problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. How satisfied are you with the support and concern the following Army leaders show for your family?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Does not apply
Leaders in high post/installation positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officers in my spouse's unit/place of duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCOs in my spouse's unit/place of duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. To what extent do the following apply to the leaders at your spouse's place of duty?

	Not at all	Slight extent	Moderate extent	Great extent	Very great extent	Do not know
The leaders of my spouse's unit know about family programs ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The leaders of my spouse's unit are concerned about the welfare of Soldiers' families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, please indicate the question number to which your comment is related.

- 15 -

◆

**PLEASE MAIL THE QUESTIONNAIRE IN THE BUSINESS REPLY ENVELOPE PROVIDED.
NO POSTAGE IS NEEDED.
IF THE ENVELOPE HAS BEEN MISPLACED, PLEASE MAIL THE MATERIALS TO:**

**DEPARTMENT OF THE ARMY
SURVEY OF ARMY FAMILIES V
PROCESSING CENTER
C/O DATA RECOGNITION CORPORATION (G4017)
PO BOX 5720
HOPKINS, MN 55343-9952**